

Statement of Organization  
Recipient Committee

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☒ Termination - See Part 5

List I.D. number:

# 922038

063002

Date of Termination

Date Stamp  
**RECEIVED**  
2002 JUL 24 PM 12:53  
CITY CLERK  
CITY OF LODI

**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Elect  
Stephen MANN

STREET ADDRESS (NO P.O. BOX)

111 N. CRESCENT AVE.

CITY

LODI

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

334-5943

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Robert A. Rocha

STREET ADDRESS

1135 WATERFORD

CITY

LODI

STATE

CA

ZIP CODE

95242

AREA CODE/PHONE

334-6650

NAME OF ASSISTANT TREASURER, IF ANY

Stephen J. MANN

STREET ADDRESS

111 N. CRESCENT AVE.

CITY

LODI

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

334-5943

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-24-2

DATE

Executed on

7-24-2

DATE

Executed on

DATE

Executed on

DATE

By

Robert A. Rocha

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

Stephen J. Mann

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

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I.D. NUMBER

COMMITTEE NAME

committee to elect Stephen Mann

922038

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Stephen Mann	LODI CITY COUNCIL		<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
701 S. HAM LANE	209-367-	010149814
LODI	CA	95242

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

		SUPPORT	OPPOSE
		SUPPORT	OPPOSE